

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1514 NORTH SECOND STREET	
(c) City, State and ZIP Code HARRISBURG, PA 17102	3. FEC Identification Number C90004946
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report

☒ 24-Hour Report
☐ 48-Hour Report

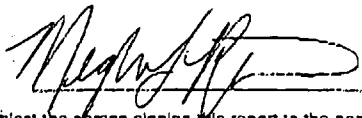
b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

11	4	2012
THROUGH		
11	6	2012

6. TOTAL CONTRIBUTIONS.....	
7. TOTAL INDEPENDENT EXPENDITURES	1749.58

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Meghan Louise Roach		11/7/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

Full Name (Last, First, Middle Initial) of Payee

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

Mailing Address

1514 NORTH SECOND STREET

City

HARRISBURG

State

PA

Zip Code

17102

Date

11 6 2012

Amount

695.40

Purpose of Expenditure

CANVASS

Category/
Type 001

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Calendar Year-To-Date Per Election
for Office Sought

10924.38

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

Mailing Address

1514 NORTH SECOND STREET

City

HARRISBURG

State

PA

Zip Code

17102

Date

11 6 2012

Amount

48.66

Purpose of Expenditure

CANVASS

Category/
Type 001

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Calendar Year-To-Date Per Election
for Office Sought

10973.04

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

PLANNED PARENTHOOD PENNSYLVANIA ADVOCATES

Mailing Address

1514 NORTH SECOND STREET

City

HARRISBURG

State

PA

Zip Code

17102

Date

11 6 2012

Amount

1005.52

Purpose of Expenditure

CANVASS

Category/
Type 001

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Calendar Year-To-Date Per Election
for Office Sought

11978.56

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....

1749.58

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....

(carry total from last page forward to Line 7)

1749.58

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.	
N/A PREPARER	N/A DATE PREPARED